

# Work Order ID 90156

\*90156\*

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September-13-12 2:16:08 PM

Item ID: D3281-3L02 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Floor Protector, Aft LH (Black)  
Start Date: 9/12/12 Start Qty: 4.00 \*4\* Cust Item ID:  
Required Date: 10/12/12 Req'd Qty: 4.00 \*4\* Customer:  
Reference:

Approvals: Process Plan: MLJ Date: 12-09-17 Tooling: Date: Run Start \*NR1\*  
QC: Date: SPC (Y/N): Date: Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3281	Rev F
DSI 9504	A

100	HAND FINISHING THERMOFORMING	0.00							
*100*									
Thermoform	Memo	0.00							
Thermoforming Machine	Cut Blanks								

105	Dry Material	0.00							
*105*									
HandThermo	Memo	0.00							
Hand Finishing Thermoforming	Dry Sheet as per QSI022 POLYCARBONATE								

Temp: 270° F  
Time IN: 7:00 pm 12/09/25  
Time OUT: 7:00 am 12/09/25

DA  
07  
2-89  
12/09/25

DA  
07  
2-89  
12/09/25

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

# Work Order ID 90156

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Page 2

September-13-12 2:16:08 PM

Item ID: D3281-3L02 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Floor Protector, Aft LH (Black)  
 Start Date: 9/12/12 Start Qty: 4.00 \*4\* Cust Item ID:  
 Required Date: 10/12/12 Req'd Qty: 4.00 \*4\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 *110* Thermoform Thermoforming Machine	THERMOFORMING MACHINE  Memo Thermoform as per Dwg. D3281 and Folio FTA 009 Dwg. Rev. <u>E</u> Folio Rev. <u>D</u>	0.00  0.00				x4			DAS 07 9-89 12/09/05
130 *130* Thermoform Thermoforming Machine	HAND FINISHING THERMOFORMING  Memo Trim to Finished Dimensions	0.00  0.00				x4			DAS 07 9-89 12/09/24
140 *140* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB  Memo	0.00  0.00				x4			DAS 07 9-89 12/09/26

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 90156

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Page 3

September-13-12 2:16:08 PM

Item ID: D3281-3L02 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Floor Protector, Aft LH (Black)  
 Start Date: 9/12/12 Start Qty: 4.00 \*4\* Cust Item ID:  
 Required Date: 10/12/12 Req'd Qty: 4.00 \*4\* Customer:  
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start \*NR1\*  
 QC: Date: SPC (Y/N): Date: Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00	Smb 12/9/27	16 12/9/27		4			
160 *160* Packaging Packaging	Packaging  Memo	0.00 0.00				4	8	12/9/27	
170 *170* QC Quality Control	QC21- Final Inspection - Work Order Release  Memo	0.00 0.00						MLJ 12-09-27	

MLJ 12-09-27

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
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# Picklist Print

September-13-12 2:16:08 PM

Page 1

Work Order ID: 90156

Parent Item: D3281-3L02

Start Date: 9/12/12

Required Date: 10/12/12

Parent Item Name: Floor Protector, Aft LH (Black)

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A04.07.01New issueKJ/JLM

IPP Rev B 07.08.07 Thermoform in house DL

IPP Rev. C Add Step 105 Dry

Material 10/04/21 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-02 GE PLASTICS LEXAN SHEET		Purchased	No				sf	716.4960		17.332			

Location

Loc Qty

Loc Code

therm

716.4959879

110877

10.8059879

22033

705.69

17.332.59 ft.

DA  
07  
12/09/12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
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Doc/Data <input type="checkbox"/>												
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<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	90156
<b>Description:</b> Floor Protector, Aft LH		<b>Part Number:</b>	D3281-3
<b>Inspection Dwg:</b> D3281	<b>Rev:</b> F	Page 1 of 1	

**FIRST ARTICLE INSPECTION CHECKLIST**  
**THERMOFORMING SECTION**

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than 0.1875"	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

<b>Measured by:</b>	SK	<b>Date:</b>	12/09/25
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**TRIMMING SECTION**

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
17.8	+/-0.100	17.7"	✓		TAPE DL-01	
17.1	+/-0.100	17.0"	✓		TAPE DL-01	
14.3	+/-0.100	14.25"	✓		TAPE DL-01	
0.95	+/-0.030	0.958"	✓		VERNDL-02	
0.050	Min	0.074"	✓		CAL DT-TA	
0.070	Min	0.086"	✓		CAL DT-TA	

<b>Measured by:</b>	SK	<b>Date:</b>	12/09/26
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<b>Audited by:</b>	SM5	<b>Date:</b>	12.9.27
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<b>Preliminary Approval:</b>		<b>Date:</b>	
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Rev	Date	Change	Revised by	Approved
A	08.02.28	New Issue	KJ/DL	
B	08.04.16	Dimensions updated per Dwg Rev D	KJ/DL	
C	08.09.12	Tolerance revised for 0.070 dimension	KJ/DL	
D	10.09.01	Dimensions updated per Dwg Rev E	KJ	
E	11.06.21	Dwg Rev updated	KJ	



# DART SERVICE INSTRUCTION

TO AMEND INSTALLATION INSTRUCTIONS IIN-D044-719 REV. A  
AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D044-719 REV. 0

REF TCCA STC: SH04-40  
REF FAA STC: SR02051NY  
REF EASA STC: EASA.IM.R.S.01075

## PURPOSE:

To add the D044-719-011L08 Clear Cabin Floor Protectors. The -011L08 kit is similar to the existing -011 kit, however the plastic is transparent instead of solid black. The existing D044-719-011 kit will be re-identified as D044-719-011L02.

## CHANGE:

The D044-719-011L08 Cabin Floor Protectors kit consists of four transparent plastic trays that are placed on the cabin floor to protect the carpets from damage. The -011L08 kit should be installed per the -011 kit of Installation Instructions IIN-D044-719 and maintained per Instructions for Continued Airworthiness ICA-D044-719. The parts list and weight & balance for the -011L08 kit is given below.

## PARTS LIST

QTY -011L02	QTY -011L08	Part Number	Description
X		D044-719-011L02	Cabin Floor Protectors (Black)
	X	D044-719-011L08	Cabin Floor Protectors (Clear)
1		D3281-1L02	Floor Protector, Fwd LH, Black
	1	D3281-1L08	Floor Protector, Fwd LH, Clear
1		D3281-2L02	Floor Protector, Fwd RH, Black
	1	D3281-2L08	Floor Protector, Fwd RH, Clear
1		D3281-3L02	Floor Protector, Aft LH, Black
	1	D3281-3L08	Floor Protector, Aft LH, Clear
1		D3281-4L02	Floor Protector, Aft RH, Black
	1	D3281-4L08	Floor Protector, Aft RH, Clear
8	8	D2854-1-100	Looped Velcro Strip
8	8	D2854-3-100	Hooked Velcro Strip

## WEIGHT AND BALANCE

Installation	Weight	Lateral		Longitudinal	
		Arm	Moment	Arm	Moment
D044-719-011L02 Cabin Floor Protectors	3.9 lb 1.8 kg	0 in 0 m	0 in-lb 0 m-kg	50 in 1.27 m	195 in-lb 2.3 m-kg
D044-719-011L08 Cabin Floor Protectors	4.4 lb 2.0 kg	0 in 0 m	0 in-lb 0 m-kg	50 in 1.27 m	220 in-lb 2.5 m-kg

UNCONTROLLED COPY  
 SUBJECT TO CHANGE  
 WITHOUT NOTICE  
 WORK ORDER  
 90156 ML5  
 12-09-17

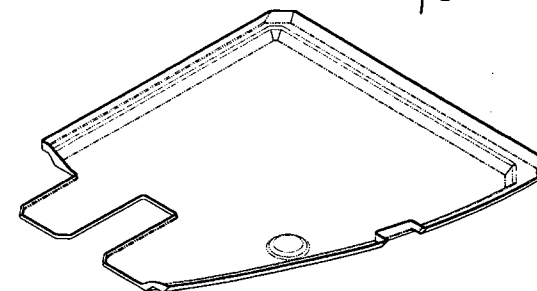
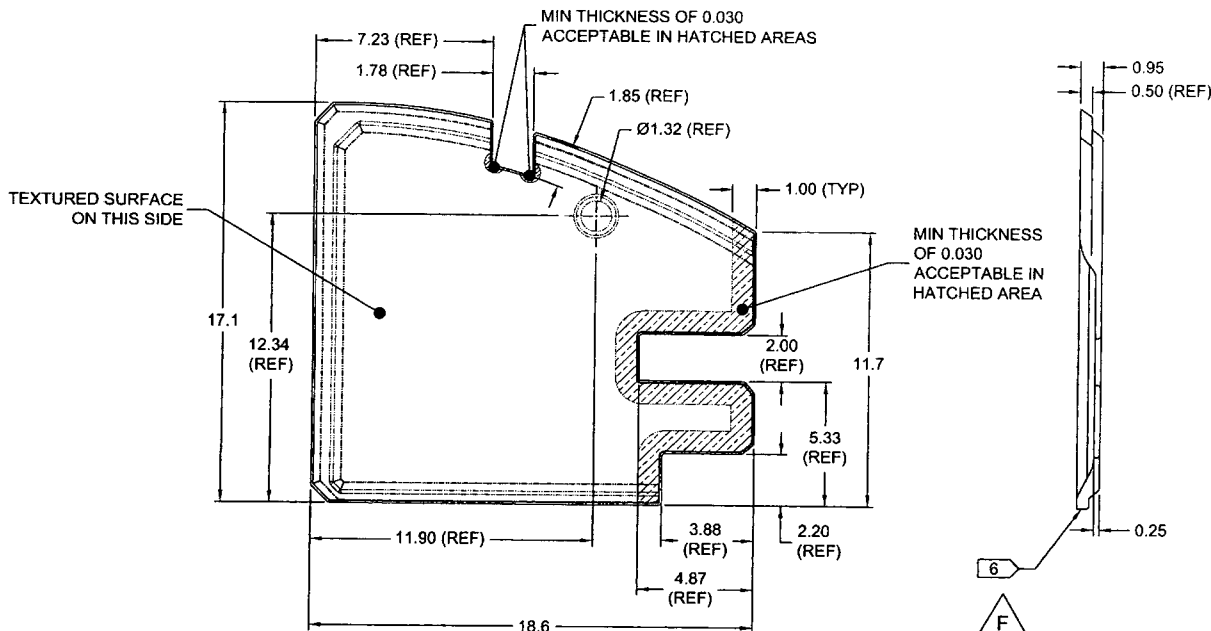
CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED  
BY:   
D. SHEPHERD (DE # 02)

DATE: 10.02.24  
CERT. NO.: SH04-40  
ISSUE NO.: 1

A	NEW ISSUE	CP	10.02.24
REV.	DESCRIPTION	BY	DATE
DESIGN	90	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	90		
CHECKED	8	DRAWING NO.	REV. A
MFG. APPR.	N/A	DSI 9504	SHEET 1 OF 1
APPROVED	11	TITLE	SCALE
DE APPR.	11	FLOOR PROTECTOR KIT, CLEAR	NTS
DATE	10.02.24	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

90156



RELEASED  
2010-11-25

# **D3281-1 FLOOR PROTECTOR**

## **NOTES:**

- 1) MATERIAL: -1L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)  
-1L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-1Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-1L02 = 0.95 lb D3281-1L08 = 1.13 lb
- 8) THERMOFORM WITH MOLD D3281-1T1 PER DART QSI 022; TRIM AS SHOWN  
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

F	NOTES UPDATED. FLAG NOTE 6 WAS 7 & RELOC. D.E.O. D3281-E-1 INC. DIM 17.0 WAS 17.1 (ZN B5-3, B6-4) & 17.7 WAS 17.8 (ZN C5-3, C6-4) REF CAR 10-21.	JPH	10.09.27
E	-3/4 NOW TRIMMED FLAT: RMV 0.25 BEVEL TO FACILITATE TRIMMING (ZN D6-3, D4-4)	CP	10.01.05
D	THICKNESS 0.093 WAS 0.125, MIN THICKNESS 0.070 WAS 0.080, P/N AND B/N ID WITH VIBRATING STYLUS (ZN A7-1, A7-2, A7-3, A7-4); D3281-4 NOW ON PAGE 4; CORRECT WEIGHTS (ZN A8-1, A8-2, A8-3, A8-4)	PH	08.03.28
C	UPDATE DIMS TO MATCH PARTS: COLOUR 701 WAS 700; GENERAL UPDATE	LE	07.10.09
B	NOW LEXAN; DIMS AS MANUFACTURED	CP	05.11.25
A	NEW ISSUE	CP	04.05.03
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	10.09.27		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. REV. F  
D3281 SHEET 1 OF 4  
TITLE SCALE  
FLOOR PROTECTOR NTS

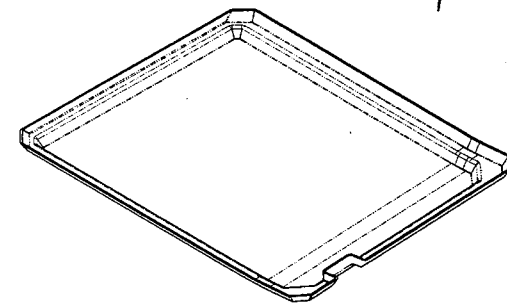
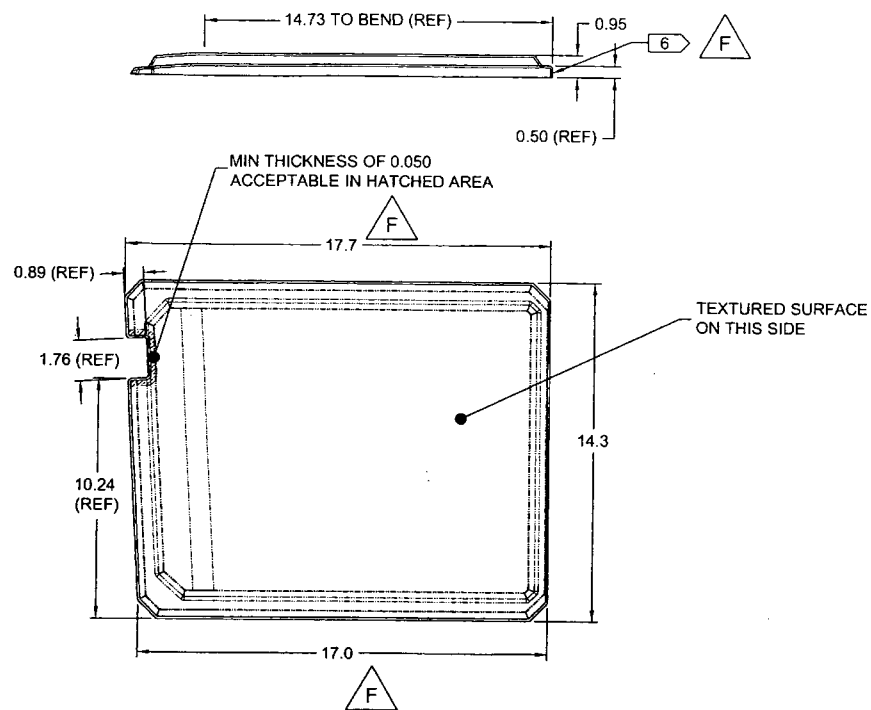
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2010-11-25



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**D3281-3 FLOOR PROTECTOR**

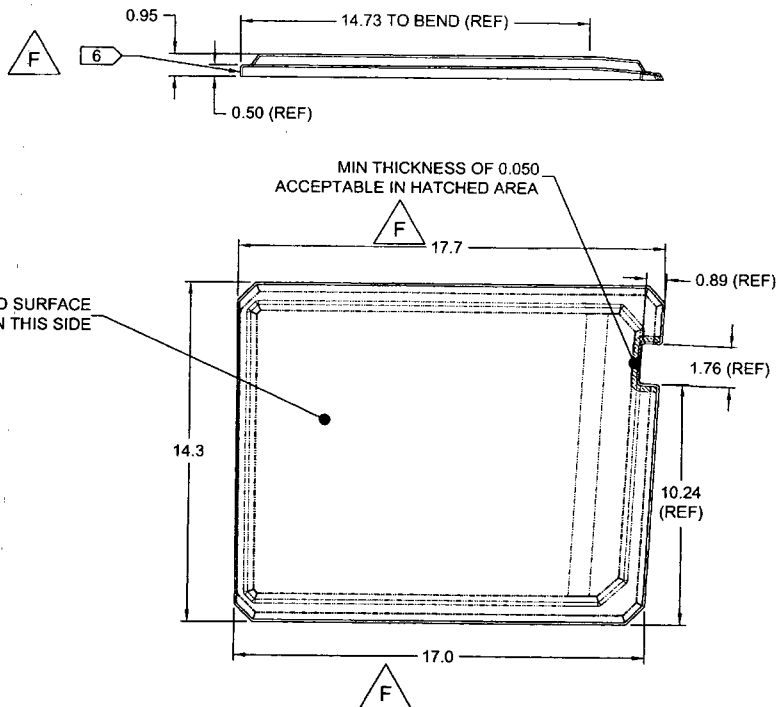
RELEASE  
2010-11-25

**NOTES:**

- 1) MATERIAL: -3L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)  
-3L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENT WITH DART P/N "D3281-3Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-3L02 = 0.87 lb D3281-3L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-3T1 PER DART QSI 022; TRIM AS SHOWN  
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

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APPROVED		TITLE	SCALE
DE APPR.		FLOOR PROTECTOR	NTS
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**D3281-4 FLOOR PROTECTOR**

**D3281-4 NOTES:**

- 1) MATERIAL: -4L02 = LEXAN F6006, BLACK No. 701, 0.093" THICK (MLEXS.093-F6006-02)  
-4L08 = LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.010 MAX
- 6) IDENTIFICATION: IDENTIFICATION: IDENT WITH DART P/N "D3281-4Lxx" AND B/N PER QSI 044 6.4 ALONG PERIMETER OF PART AS SHOWN.
- 7) WEIGHT: D3281-4L02 = 0.87 lb D3281-4L08 = 1.05 lb
- 8) THERMOFORM WITH MOLD D3281-4T1 PER DART QSI 022; TRIM AS SHOWN  
MINIMUM THICKNESS AFTER FORMING: 0.070" EXCEPT WHERE INDICATED

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MFG. APPR.		D3281	SHEET 4 OF 4
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